Exhibit 3

IN THE UNITED STATES DISTRICT COURT FOR
THE MIDDLE DISTRICT OF NORTH CAROLINA

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VICTOR VOE, by and through his parents and next friends, Vanessa Voe and Vance Voe; et al.,

Plaintiffs,

v. CASE NO. 1:23-cv-864

THOMAS MANSFIELD, in his official capacity as Chief Executive Officer of the North Carolina Medical Board; et al.,

Defendants.

And

PHILIP E. BERGER, in his official capacity as President Pro Tempore of the North Carolina Senate, and TIMOTHY K. MOORE, in his official capacity as Speaker of the North Carolina House of Representatives,

Intervenor-Defendants.

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Zoom Deposition of MICHAEL K. LAIDLAW, MD
(Taken by the Plaintiffs)
Rocklin, California
Friday, September 6, 2024

Reported by: Marisa Munoz-Vourakis - RMR, CRR and Notary Public

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Zoom Deposition of MICHAEL K. LAIDLAW, MD, taken by the Plaintiffs, at Rocklin, California, on the 6th day of September, 2024 at 12:09 p.m., before Marisa Munoz-Vourakis, Registered Merit Reporter, Certified Realtime Reporter and Notary Public.

P R O C E E D I N G S

THE COURT REPORTER: Will all parties acknowledge that in lieu of an oath administered remotely, the witness will verbally declare his testimony in this matter is true under penalty of perjury, and all parties and their counsel consent to this arrangement, waive any objections to this manner of reporting, and the witness has verified that he is in fact MICHAEL K. LAIDLAW, MD.

Please indicate your agreement by stating your name and your agreement on the record.

MR. GONZALEZ-PAGAN: Hi, this is Omar Gonzalez-Pagan from Lambda Legal, the plaintiffs, and we agree to the stipulation.

MR. RAMER: This is John Ramer of Cooper & Kirk on behalf of the intervenor defendants, and we agree to the stipulation.

THE WITNESS: This is Michael Laidlaw, and I agree to the stipulation.

MR. HEMINGWAY: My name is Hyrum Hemingway, I'm here on behalf of the North Carolina Department of Justice. I represent

the North Carolina Department of Health and Human Services and Secretary Kinsley, who is the head of that agency. I am fine with the stipulation.

Whereupon, MICHAEL K. LAIDLAW, MD, having testified under penalty of perjury, was examined and testified as follows:

EXAMINATION BY COUNSEL FOR PLAINTIFFS

BY MR. GONZALEZ-PAGAN:

Q. All right. Well, I will say it's good afternoon, but it's good morning for you, doctor.

A. Good morning.

Q. We're operating different time zones.

As I stated, I represent the plaintiffs in this matter. I will be asking you some questions about your appearance in this case.

You and I have previously done this dance before about two years ago. Do you recall?

A. Yes. Good to see you.

Q. So good to see you.

I will go over some ground rules, most of them the court reporter just went over with you prior to the start of this deposition. But just as a refresher, and my hope is that we can actually do this fairly short today, given that we have been through

thousands of dollars, but I don't know offhand the number.

Q. I understand. Thank you.

Previously you've testified that less than five percent of your patients are under the age of 18, is that right?

A. Yes.

Q. Does that still hold true today?

A. Yes, I believe so.

Q. You previously have testified that you do not treat gender dysphoria with medical interventions, is that right?

A. Yes.

Q. Does that still hold true today?

A. Yes.

Q. And previously you've testified that the extent of your experience relating to medical treatment of gender dysphoria, at least as of when we last spoke, was limited to the refilling of the hormone prescription for one patient, and a patient that you had who was re-transitioning or no longer identifying as transgender, is that right?

MR. RAMER: Objection to the form.

A. Well, I think when I answered previously -- I mean, just to clarify that I saw -- the patient we're

specific medical treatment in terms of medications for either gender dysphoria or consequences say of gender dysphoria, there were two.

Q. Thank you. And that still holds true today?

A. Yes.

Q. And I think you've already stated this, but just for clarity of the record, you don't diagnosis gender dysphoria, is that right?

A. That's correct. That's a psychological diagnosis. It's not an endocrine diagnosis.

Q. In 2022, have you conducted any original research relating to the treatment of gender dysphoria?

MR. RAMER: Objection to the form.

A. If you could -- I think we've gone through this before. Can you just re-explain, when you say original research, could you just explain what you mean by that.

Q. Sure. I think we went further last time, and I called it primary research. So I was -- I mean an actual study, where you do original gathering of data, as opposed to a systematic review or narrative literature review.

A. I see. Yeah, so -- and the question is have I done any of that in, what did you say, 2022?

Q. Since 2022.
A. Since 2022, no. The answer is no.
Q. Have you conducted or published any systematic review or narrative literature review since 2022?
A. There's --
Q. Let me specify, in relation to the treatment of gender dysphoria?
A. There's nothing published as of the moment.
Q. Do any of your reports identify all the documents or publications on which you relied to formulate your opinions?
A. Sorry, I missed that. Will you repeat that, please?
Q. Do your reports or all three of them identify all of the documents or publications upon which you relied to formulate your opinions?
A. I believe, to the best of my ability, I included those, yes.
Q. Have you reviewed the reports authored by Dr. James Cantor in this case?
A. Could you repeat that, please?
Q. Have you reviewed the report authored by Dr. James Cantor in this case?
A. Not directly.

talking about potentially different stages of development.

So, for example, a four-year old who has central precocious puberty, they have an endocrine disorder, GnRH analogues are being given to treat an endocrine disorder, where they have early puberty, and the goal is to allow puberty to proceed once they're more typical pubertal age, say age 11. And so under those specific circumstances, those individuals, it appears, have restoration or will have fertility that for the main part is intact. But that's very different than giving GnRH analogues to kids who have normal physiologic development and have gender dysphoria, which is a psychological condition, are being treated with a medication that will alter their pubertal development in a few ways; one is that it will -- so long as they're taking it, they will remain at that stage of puberty. If it's early stage of puberty, say stage two, tanner stage two, they will be infertile. If they continue on to, I don't know what you want to call cross or opposite sex hormones, their inherent biological puberty will not advance, and so they'll remain infertile.

And so those patients, in that scenario, will be infertile and possibly permanently sterilized.

Q. These desistence studies that you cite all deal with preadolescent children?

A. Let's see, let me just refresh my memory here. I think I discuss -- maybe not here -- that there's different kind of definitions. There's a psychological definition for adolescents, seems to be around age 12, and then I have another citation somewhere where adolescents begin -- begins, but which is different than pubertal tanner stages. So I make a distinction there.

Q. Yes. Taking your definition of adolescents, all of these studies pertain to preadolescents?

A. I guess there's an overlap. You know, I think American Academy of Pediatrics might use age 11. So there's some -- like at the upper end of that age range, there's probably some people who could be considered adolescents, but the majority would be preadolescent by the definition.

Q. And the studies that you are citing to pertain to subjects that were diagnosed with gender identity disorder under the DSM-4 or earlier versions, as opposed to gender dysphoria under the DSM-5, is that right?

A. Yes. To my knowledge, the DSM-5 was not

available or hadn't been written yet at the time of these studies in Restory(sic).

Q. Have you reviewed the diagnostic criteria for gender dysphoria in childhood in children in the DSM-5?

A. In the DSM-5?

Q. Yes.

A. Yes, I have.

Q. Have you reviewed the diagnostic criteria for gender identity disorder under the DSM-4?

A. At some point I had, yes.

Q. Are you aware that the gender identity diagnosis in childhood did not require that the child express a desire to be, or that they are a gender different from that which they were assigned at birth?

MR. RAMER: Objection to the form.

A. You know, I know in general there are certain variations between the two. I think the key thing to me is that these are kids who are under distress, because they believe that they're -- what they perceive their gender differed from their physical body.

So over time, the psychological description of that has changed, for example, now there's ICD 11, which has another category. And so it keeps jumping

around.

But to me the similarity is you've got kids in distress because of incongruence between gender -- as a general term incongruence between gender and their natal sex.

Q. All right. I've introduced what is Exhibit 8.

(The document referred to was marked Plaintiff's Exhibit Number 8 for identification.)

Q. P8.

A. Okay. I'm attempting to get a hold of it here. Okay.

Q. Do you see the document?

A. I do.

Q. Okay. This is an article Archives of Sexual Behavior in 2013. Do you recognize the journal Archives of Sexual Behavior?

A. I do.

Q. It's a peer-reviewed journal, is that right?

A. To my knowledge, yes.

Q. Okay. And one of the coauthors, the first listed author is Kenneth Zucker. Do you recognize this name?

A. I do.
Q. And the article is titled Memo Outlining Evidence for Change of Gender Identity Disorder in the DSM-5. Do you see that?
A. Yes.
Q. Okay. Let's turn to table 2 on page 905 of the --
A. Found it.
Q. Okay. The bold face indicates a change in the diagnostic criteria for children. Do you see that?
A. Yes.
Q. At the bottom of table 2, it actually says: The proposed changes are in both cases, is that right?
A. Correct.
Q. Okay. And one of those changes is that the criterion called A1 must be met in order for the diagnosis to be made. Do you see that?
A. Where does it say it must be met?
Q. Well, it says, as manifested by at least six of the following indicators, including A1.
Do you see that?
A. Yes.
Q. Then if we go to table 3 in the next page, it shows similarly, the proposed changes in both stages for criteria in both adolescents and adults.

Do you see that?

A. Yes.

Q. And essentially they are pretty much all new or rewritten?

A. Yeah, the a majority of it or all of it looks to be in boldface.

Q. So if we go back to page 904, the last paragraph on the page, it starts it was.

Do you see that?

A. Last paragraph on the page, yes.

Q. It states: It was, therefore, argued that in DSM-5, the currently proposed A1 criterion be a necessary symptom in making the GD diagnosis. We contend that the presence of this symptom will, if anything, make the diagnosis more restrictive and conservative. Zucker 2010. Given the critiques leveled at the DSM-4 criteria, it was deemed that reduction of false positives is preferable to false negatives. Did I read that correctly?

A. Yes.

Q. Okay. So based on this, would you agree then that it's possible that at least some of the youth discussing the desistence studies that you referenced, were never transgender in the first place?

MR. RAMER: Objection to the form.

A. You know, I'm just rereading.
(Pause.)
A. To me, as I read this, this is my first time reading this particular document, so just taking a look at the paragraph at the bottom of 904, it doesn't look to me like Dr. Zucker, or anyone had done any primary research to support his contentions. It's just an expert opinion of Dr. Zucker and the author.
So I don't know if there's any firm scientific foundation for that.
Q. Okay. Are you familiar with an article by Julia Temple Newhook looking at the desistence studies?
A. I may have come across it. I can't think of it offhand.
Q. I have introduced what's been marked as Exhibit P9.
(The document referred to was marked Plaintiff's Exhibit Number 9 for identification.)
Q. Let me know when you have access to it.
A. Okay. Give me a minute.
(Pause.)
A. Okay.
Q. Have you seen this paper before?
A. Let me just look at it a moment.

have, you know, other mental health incapacities and so forth, yes.

Q. Parents who provide informed consent can, do that, right, or legal guardians?

A. Well, yeah, there's a distinction made between informed consent and informed assent. I've made the argument that parents cannot even consent to their child having lifelong infertility when the child is -- you know, again, given the nature of this treatment.

Q. So it's not a matter of capacity, it's the nature of the treatment that prevents the ability to provide consent?

MR. RAMER: Objection to the form, and you can answer.

A. Yeah, so part of it is capacity. I'm not saying it doesn't have to do with capacity. Part of it is capacity. Then once capacity is established, then one has to look at basically risk versus benefit ratio. And here the risks are very high, the benefits are very low, and the child is not in a position to understand what they might want at age 25 or age 30 in terms of, you know, pregnancy or having children, breast feeding, so forth.

Q. In your opinion, is gender-affirming

medical treatment, medical interventions as treatment for gender dysphoria, ever appropriate for a person regardless of age?

MR. RAMER: Objection to the form.

A. I think that the data show that there are many harms from gender affirmative therapy to the physical body. Also I would argue mental health in some cases.

So as a professional, you know, medical expert, I would not advise having those treatments.

Q. Would it be appropriate for the state to ban such treatments for adults?

MR. RAMER: Objection to the form.

A. I think when you say bans, I would have to know exactly what you mean by that.

Q. Sure. Take this law and just take out the word minor.

MR. RAMER: Objection to the form.

A. Yeah, I don't have -- I've been looking at many different laws. I don't know specific -- I don't recall the specifics of this law. I would take a look and see -- you know, compare it, if you'd like.

Q. Can the state prohibit the provision of gender-affirming medical interventions in the form of hormones, surgery or GnRH analogues for adults?

you know, as a physician, I'm not going to be forced to prescribe it, but if some consenting adult went to a physician who felt that, you know, they were willing to take the liability risk and do that, then that's up to them.

Q. Let's turn to your supplemental report, your confidential report, Exhibit 2.

A. Okay.

Q. You're not a member of WPATH, right?

A. I am not a member of WPATH, that's correct.

Q. You did not participate in the development or promulgation of the standard of care version 8, is that right?

A. That is correct.

Q. Have you participated in the development or promulgation of any clinical practice guidelines?

A. Not that I know of.

Q. Have you done any original study pertaining to the promulgation of the clinical practice guidelines?

MR. RAMER: Objection to form.

A. Well, I've been studying clinical practice guidelines since, you know, I would say in medical school, but at least residency and fellowship, whether they had to do with osteoporosis or diabetes or, you

know, thyroid nodules and such. So I have a long experience of looking at clinical guidelines and assessing them and evaluating them and critiquing them, you know, within my expertise as an endocrinologist or as an end user.

Q. Have you done -- have you performed or published a systematic review or study regarding clinical practice guidelines?

A. I mean, I have a letter to the editor of JCDM published criticizing their guidelines. I include that in the broad category of something published regarding guidelines.

Q. My question is whether you have done a study looking at differences in quality of guidelines and the development process guidelines?

A. I have no published study about that.

Q. This supplemental report is based on your review of redacted communications within WPATH, as well as some communications from HHS that were produced in discovery, is that right?

A. I think I mainly agree with you. I redacted -- I think it was some parts were redacted, or yes, there were names redacted, if I recall, so yes.

Q. And you were not a party to any of those WPATH communications, is that right?

A. Meaning what? Was I -- my email in there? Like someone was emailing me about the communications, is that what you're saying?

Q. You were not a participant in those communications?

A. Oh, that's correct.

Q. In this report, you criticize the process by which WPATH association was developed, a fair statement, I would think?

A. Yes.

MR. RAMER: Objection to the form. Sorry, I couldn't hear you toward the end there, Omar.

MR. PAGAN: I just said, I would think.

Q. So I want to turn to page six specifically.

A. Okay.

Q. There, one of your criticisms, paragraphs 28 through 35, pertains to the fact, or your argument that WPATH did not follow the grade process faithfully, and did not include graded values indicating the quality of evidence for the recommendations, is that a fair summary?

A. Yeah, I was critical of -- certainly critical of the fact that they didn't include the

graded values and how they use grade.

Q. Understood. Thank you.

In your affirmative report, and I don't think you need to go back to it for this purpose, but I will note that it's paragraph 204, you cite the Cass report in support of your opinions. Do you recall that? This is the Cass review's file report on May 4?

A. Yes.

Q. Okay. The Cass report included a number of recommendations within it, is that right?

A. Yes.

Q. Were there recommendations made by the Cass report made consistent with the grade process?

MR. RAMER: Objection to the form.

A. My understanding -- I don't think the Cass report used grade, that I recollect. They used something, or they relied on studies. They used a different method, or they did -- whatever they relied on, there were several things they relied on out of York, University of York did not use the grade method with, you know, the four levels of gradation as such, to my knowledge.

Q. Okay. And I do want to distinguish between the York underlying articles and the actual report itself, for purposes of this conversation.

single guideline has to use grade? No. They can use other alternative systems. But it's just the fact if you say you're going to do something, and there's precedent for having done so, you need to follow through and show people like me saying should I use this evidence-based guideline allegedly or not? I need to know as an end user. I don't feel that WPATH did. They did a horrible job on it.

Q. Understood. To be fair, you've never really been an end user of this guideline, right?

A. Well, I am. Well, when I say end user, I'm using it in the sense of I'm reading it and making a determination am I going to do this or not? You know, what I mean, in the general sense. I have to make an assessment.

Q. Are you familiar with the guidelines from -- promulgated in or promulgated in Sweden?

A. I reference Sweden in my report, if that's what you're referring to.

Q. Well, have you taken a look at the guidelines that were published in Sweden?

A. I probably did at some point, but I don't think I include that in my report.

Q. To your knowledge, did those guidelines grade the evidence or issue a recommendation made?

A. I don't know.
Q. Are you familiar with the representations that were issued by an agency in Finland?
A. I think I talk about Finland in here.
Q. It was UCOM?
A. I've probably looked at it.
Q. Yeah, they were published by COHERE, does that make sense?
A. I feel like I reference it somewhere, but I don't see it in this paragraph, or maybe I do, Counsel for Choice, maybe that's the same.
Q. Yeah, Counsel for Choice, yeah.
A. Yes.
Q. Okay. So you've reviewed --
MR. RAMER: Just to slow down here. You're talking about Sweden, because you said UCOM, which I believe is Norway.
MR. PAGAN: I apologize. It was COHERE, he corrected me.
Q. So we're referring to the COHERE recommendations from Finland?
A. Yeah, I have a reference to that. We're on the same page, paragraph 200 for me.
Q. Okay. To your knowledge, did the COHERE recommendations -- did the COHERE document include a

grading of the evidence for each recommendation?
A. I don't think so, but I'm not -- I don't recall offhand. I don't think so.
Q. I'm going to show you what's been marked as P10.
(The document referred to was marked Plaintiff's Exhibit Number 10 for identification.)
Q. It should be publishing. Let me know once you have it.
A. Hang on, please.
(Pause.)
A. Yes, Exhibit 10, P00 -- whatever, yeah, 10.
Q. Have you ever seen this paper before?
A. Let me look for a sec here.
(Pause.)
A. I don't know if I've seen this one. I referenced something similar from the Endocrine Society.
Q. Okay. So this is an article PLOS One.
Do you recognize that journal?
A. Yes.
Q. That's one that's a peer-reviewed journal?
A. I believe so, yes.
Q. Okay. If you look at the methods,

ECRIA criteria.

So I'm not surprised that this study or any other study found problems with methodologies and so forth.

Q. And this position from the Endocrine Society that, you know, was adopted in 2022, is that right?

A. This was published in 2022.

Q. Okay. And the WPATH Centers of Care, those guidelines were published in 2022, is that right?

A. Standard of care eight.

Q. Yes.

A. Yes, I believe it was 2022.

Q. Okay. And that's after a multiyear process, is that correct?

A. They took several years to develop their guidelines, as I understand.

Q. So I just want to back up and reask the question, and I appreciate the context that you've provided, but --

A. Okay.

Q. -- would you agree that it is not uncommon then for clinical practice guidelines to deviate from grade?

MR. RAMER: Objection to form.

A. Well, to my knowledge, not all clinical practice guidelines use grade. So you can't deviate from it if you're not using it.

So for that subset that use it, I'm not surprised, but that's not -- that's not a point in their favor, if that's the case. It's a point against their guideline.

MR. RAMER: Omar, I don't know if you're continuing down this line, we've been going about an hour?

MR. PAGAN: No, yeah, I want to ask just a couple more questions, if you don't mind, and then there's actually like a very natural stop for us to do a lunch break.

THE WITNESS: Sounds good to me.

Q. I actually want to turn to your rebuttal report, Exhibit 3.

A. Yes.

Q. Can you turn to paragraph 18?

A. Yes.

Q. Okay. There you state, I believe it's the last sentence: In my opinion, a mental health professional would need to be trained at the level of board-certified psychologist or psychiatrist to fulfill this criteria.

to find it. I quote Dr. Zucker, who we looked at something from him earlier, as this being a possible --

(Off the record at 4:34 p.m.)

(On the record at 4:34 p.m.)

A. In my primary report, paragraph 55, I wrote: Social transition of the child has been noted by an expert researcher in the field of child gender dysphoria, Ken Zucker, to itself be a form of iatrogenic harm, quoting Zucker in 2020.

So I believe that social transition can be a form of iatrogenic harm.

Q. Let me just follow up on that.

And the follow-up sentence that you have there is: This is because the social transition process may solidify the young person's belief that they are in fact the sex opposite of their biological sex. Did I read that correctly?

A. Yes.

Q. Why is a person having a cross-gender identification an iatrogenic harm?

MR. RAMER: Objection to form.

A. Let me just look at my sentence again here.

(Pause.)

A. Well, I was talking about the social transition process. To try to give an example, let's

medication, you know, discounted and such.

So, I mean, both of these are -- these are two examples, right in this case, of plaintiffs who had socially transitioned, and the parents were working very hard to get puberty blockers for the kids.

So it seems, at least in this case, it's a hundred percent of the patients involved.

Q. Okay. Well, I'm not asking about just these two people. I'm asking about the literature.

Are you aware that the percentage of -- whether the percentage of transgender adolescents with access puberty blockers is actually a minority of transgender adolescents, who are receiving gender-affirming medical care?

MR. RAMER: Objection to the form.

A. I don't know the statistics on that specifically.

Q. Okay. Did you review the Cass report?

A. I've reviewed the Cass report before, yes.

Q. Okay. What percentage of transgender adolescents in the United Kingdom acts as puberty blockers vis-a-vie getting care?

MR. RAMER: Objection to form.

A. Well, that's a different question. Now we're talking about United Kingdom, socialized health

system, which, by nature, they have their own set of data and things that they're looking at. And so are we talking about United Kingdom, or are we talking about North Carolina?

Q. I'm just trying to ascertain where you get the idea that care is just linear? I mean, again, doctor, I'm not trying to be difficult here with you. I'm just trying to get a common understanding.

Like you would agree that there are some transgender adolescents who just start with hormones and not puberty blockers, right?

MR. RAMER: Objection to the form.

A. I mean, I've read, you know, cases where adolescents, usually because they're already at advance stage of natal puberty, if you will, start with hormones. But they may have been already socially trans -- I feel like the majority of cases that I've read, they have also socially transitioned.

Q. Well, you would agree that in order for somebody to access medical care, they first have to come out to their family and then get their support to go get the medical care, right?

MR. RAMER: Objection to the form.

A. I guess if we're talking about minors who have to be with their parents to access medical care,

clause of the sentence. I'm not reading the whole sentence. Did I read that first clause correctly?

A. Yes. The first clause, yes.

Q. This medical record documents that Joy Doe has been diagnosed with gender dysphoria, correct?

A. I've written in my report why there's flaws with the diagnosis.

Q. I understand that. I'm just asking whether this medical record documents that she has been diagnosed with gender dysphoria?

A. I would say it misdocuments.

Q. Okay. You have never met Joy Doe, right?

A. No.

Q. You have never met Joy Doe's parents, right?

A. Correct.

Q. And you have not personally assessed Joy Doe?

A. That's correct.

Q. Okay. I'm going to turn to Victor Voe.

If you can turn to paragraph 136, of your report.

A. This is the rebuttal, you said?

Q. Correct.

A. Got it, yes.

gender dysphoria in adolescents and adults on the DSM-5?

A. Yes.

Q. Just for the record, you have never met Victor Voe, right?

A. That's correct.

Q. You have never met Victor Voe's parents?

A. I have not.

Q. You have not personally assessed Victor Voe?

A. That's correct.

Q. Okay.

MR. GONZALEZ-PAGAN: I am just going to go through a quick check. I've got another line of questioning, probably go like another hour, maybe a little less. Do people want to break now or break later?

MR. RAMER: I was going to say whatever gets us fastest.

MR. GONZALEZ-PAGAN: Let's go for it.

Q. If you can turn back to paragraph 2 of your initial report, Exhibit 1?

A. Yes.

Q. In it, you state that you're a board-certified endocrinologist, is that right?

identification.)

Q. Well, I'll represent to you that this is in landscape, and you will need to rotate the version to view the document once it's published.

A. Okay.

Q. You should have P15. There's a little icon next to the printer in the view, it has like a little page with a year on it. If you click on that, there's a page orientation section that allows you to rotate.

A. 15, yes, I see it in proper mode.

Q. Okay, great. This is an email from Andre Van Mol.

First of all, have you seen this document before?

A. I assume I'm one of the ones it's addressed to.

Q. Second line.

A. I was just looking to see my name. I probably have seen it, since my name is on it.

Q. Okay. It's an email from Andre Van Mol to a number of individuals, including yourself, subject, and it starts Hola Team SD. What is Team SD?

A. My guess is that it's(sic) probably -- means South Dakota, but I'm not sure.

Q. Are these individuals that you were working

with in -- towards the law that -- prohibiting gender-affirming medical interventions for minors in South Dakota?

A. I think there were like -- I don't know every single person that was involved in that, to be honest with you. But that would be Dr. Van Mol's classification as Team SD. I'm not sure who really that consists of, but I do recall working with people that are on that email list.

Q. What was your role as it pertained to the bill in South Dakota?

A. I have to think. Let me just think about it a minute. As I recall, it's been a few years now, but I think -- I think the bill -- well, the bill's sponsor was Fred Deutsch, as I recall, and I think he asked me, because he knew of some of the work I had done, to be involved with making sure whatever medical hormonal type statements were made, if you will, within the bill, was something that made, you know, good medical sense. So that was my role --

Q. Did you contribute -- sorry, apologies.

Can you repeat that last part?

A. I just said that was my role, as I saw it.

Q. Did you contribute then to the editing or drafting of that bill?

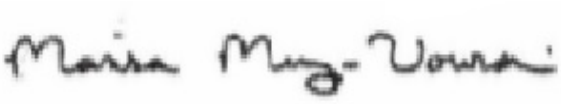
A. I believe I did, yes.
Q. I represent to you that the whole next set of exhibits all require you to do the rotation of the documents.
A. Okay. I'll have to turn my head sideways.
Q. You should have what's now been marked as P16.
(The document referred to was marked Plaintiff's Exhibit Number 16 for identification.)
A. Okay. Hang on, please.
(Pause.)
A. Okay.
Q. This is an email thread beginning on December 23, 2019, that would be on page three, from Fred Deutsch is the representative you had testified, is that correct?
A. This is from Vernadette Broyles to Fred Deutsch.
Q. If you go to the last page, it's a short email on December 23, 2019 at 7:43 p.m.
A. Oh, okay, I see it. Sorry, Fred Deutsch wrote, okay, yes, SD legislature, I think that's the same Fred Deutsch.
Q. And the top email, the last one in the

C E R T I F I C A T E

I, Marisa Munoz-Vourakis, Stenographic Reporter, RMR, CRR and Notary Public, certify that on September 6, 2024, in Rocklin, California, having produced satisfactory evidence of identification, and having testified under penalty of perjury, according to the emergency video notarization requirements contained in G.S. 10B-25, to tell the truth, thereupon testified as set forth in the preceding pages, exclusive of errata sheet and signature page, if required, the examination being reported by me verbatim and reduced to typewritten form by me personally.

I further certify that I am neither counsel for, related to, nor employed by any of the parties to this action in which this proceeding was conducted, and further, that I am not a relative or employee of any attorney or counsel employed by the parties thereof, nor financially or otherwise interested in the outcome of the action.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 9th of September, 2024.



MARISA MUNOZ-VOURAKIS

Notary #20032900127